14336

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-47

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 47 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Elmer Oneal Bowen

3.(b) Social Security Number: 213-22-0420

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband~~ or wife: Mary Ann
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): January 24, 1884

8. AGE: Years	Months	Days	If less than one day
68	10		hrs. min.

9. Birthplace: Prince Frederick, Calvert Co, Md.
(Town, county, and state)

10. Usual occupation: mechanic

11. Industry or business: Repair shop and Service station

FATHER
12. Name: Benedict O. Bowen
13. Birthplace: Maryland

MOTHER
14. Maiden name: Esmereda Safer
15. Birthplace: Maryland

16. Informant: Lecia Ward
Address: Huntingtown, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/52 (month) (day) (year)
Cemetery or crematory: Huntingtown Methodist Cem.
Location: Huntingtown, Md.

18. Funeral director: Wm H. Hutchins
Address: Owings, Md.

19. Dec 11 1952 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/10/52 at 6:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1952 to 12/10/52 and that I last saw him alive on 12/10/52

Immediate cause of death	DURATION
Coronary Occlusion	40 hrs
Due to	
Due to	
Other conditions	
420.1	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: H M Ward M. D. or other
Address: Owings Md Date signed 12/10/52

RECEIVED
DEC 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

14337

CERTIFICATE OF DEATH

Reg. Diat. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14½ hrs

Hospital, institution, or street address where death occurred:

Calvert County Hospital

How long in hospital or institution? 14½ hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Dares Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nellie Mae Sister Brady

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 13, 1952

8. AGE: Years	Months	Days	If less than one day
	8	14	..... hrs. ..... min.

9. Birthplace Prince Frederick Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Raymond Brady

13. Birthplace Prince Frederick

MOTHER

14. Maiden name Shirley Marie Sister

15. Birthplace Prince Frederick, Md.

16. Informant Shirley Marie Sister

Address Prince Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28, 1952 (month) (day) (year)

Cemetery or crematory St. Pauls Cemetery

Location Prince Frederick, Md

18. Funeral director A. A. Harkness Son

Address Mutual, Md.

19. 12/29/52 (Date rec'd by registrar) 2042161405 H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/27 1952, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/20 1952, to 12/27 1952 and that I last saw h.e alive on 12/26 1952

Immediate cause of death	DURATION
Bronchopneumonia.	
Due to	
Due to	
Other conditions	

491X

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Weems. M. D. or other

Address Huntingtown Date signed 12/27/52

VS/A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 30 1952
BUREAU V. S.

14338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 days

Hospital, institution, or street address where death occurred:
Calvert County Hospital

How long in hospital or institution? 20 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Chesapeake Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME
Francis Brown, Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1952

8. AGE:

Years	Months	Days	If less than one day
✓	2	12	hrs. min.

9. Birthplace Prince Frederick - Calvert County, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Francis Brown
13. Birthplace Maryland

MOTHER
14. Maiden name Genevieve Carroll
15. Birthplace Willows, Md.

16. Informant Genevieve Carroll
Address Chesapeake Beach, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 12-19, 52
(month) (day) (year)

Cemetery or crematory St Edmonds

Location Calvert

18. Funeral director P. E. Sewell.
Address Prince Frederick, Md.

19. 12-18 1952 H. W. Ward
(Date rec'd by registrar) Registrar
209218/403

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17, 1952, at 9:10a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19 , to 19
and that I last saw h alive on 19

Immediate cause of death
Hydrocephalia

Due to
—

Due to congenital

Other conditions

(Include pregnancy within 3 months of death)

DURATION

752+

Major findings of operations
Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Villamont
M. D. or other

Address St Leonard, 5 Date signed 12/17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-1

I

T

M

RECEIVED
DEC 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14339

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Beach
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake Beach,
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M (Last) Buckmaster
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: Jan. 15, 1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 11 Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House work.
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Malachi Smith
14. MOTHER'S MAIDEN NAME: Jennie Wood

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Frederick Donovan West Beach, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Hypertensive cardio vascular renal disease
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1947, to 12/12, 1952 that I last saw the deceased alive on 12/12, 1952, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Huntingtown Md DATE SIGNED 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/15/52
NAME OF CEMETERY OR CREMATORY Mt. Harmony Cemetery
LOCATION (City, town, or county) Mt. Harmony (State) Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 14, 1952
REGISTRAR'S SIGNATURE Grace L. Hutchins
24. FUNERAL DIRECTOR Wm H. Hutchins, ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1952
BUREAU V. S.

Film G149-17/24/52
Item #9-mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14340

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North Beach
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) (Last) Duvall

4. DATE OF DEATH: (Month) December (Day) 11 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 14, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ?
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Washington Duvall
14. MOTHER'S MAIDEN NAME: Martha Ann

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY No.: ?
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Heart failure
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Malnutrition
DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to Dec 11, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 9:10 am from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams S. M.D. ADDRESS S. Thomas. DATE SIGNED 12/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 15, 1952
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) (State) Burtonsville, Md

DATE REC'D BY LOCAL REGISTRAR 12/13/52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

ok Dr. N.

RECEIVED
DEC 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14341

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:
COUNTY Calvert county MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Calvert COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) W (Last) Lautsch Sr.

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 4, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 8 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Engraver Retired
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? citizen of U.S.

13. FATHER'S NAME: August Lautsch
14. MOTHER'S MAIDEN NAME: Hermena Schepp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ~~unk~~ No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 159-10-4094
17. INFORMANT & ADDRESS: Fred W Lautsh JR - 813 Lenton Ave Baltimore 12, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4343

Immediate cause (a) Heart failure —

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Decompensation heart —

DUE TO

(c) Arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9, 1952, to 12/14, 1952, that I last saw the deceased alive on 12/14, 1952, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Williams M.D. ADDRESS St Leonard DATE SIGNED 12/14/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 17, 1952
NAME OF CEMETERY OR CREMATORY Solomons M.E. Cem.
LOCATION (City, town, or county) (State) Solomons - Calvert Co. Md

DATE REC'D BY LOCAL REGISTRAR 12.16.52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Hackness & Son - Mutual, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14342

Reg. Dist. No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Calvert — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Broomes Island

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Broomes Island

STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) E. (Last) Mister

4. DATE OF DEATH: (Month) Dec. (Day) 9, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Jan. 5, 1879

9. AGE Last birthday: 73 yrs. — IF UNDER 1 YEAR: Months 11, Days 4 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Fishing

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Capt. George Mister

14. MOTHER'S MAIDEN NAME: Nannie Clove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 220-09-6805

17. INFORMANT & ADDRESS: Mrs. Buffie Parks - Galesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary Thrombosis (Sudden death) — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO (c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from —, 19..., to —, 19..., that I last saw the deceased alive on Sudden death, 19—, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Williams M.D — ADDRESS St. Leonard — DATE SIGNED 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** Dec. 12, 1952 — **NAME OF CEMETERY OR CREMATORY** Broomes Island Cem. — **LOCATION** (City, town, or county) Broomes Island (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/12/52 — **REGISTRAR'S SIGNATURE** H. W. Ward

24. FUNERAL DIRECTOR A. A. Harkins & Son — ADDRESS Mutual, Md.

RECEIVED
DEC 16
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14343

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH
COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Covington (Last) Mosale

4. DATE OF DEATH (Month) 12 (Day) 4 (Year) 1952

5. SEX M

6. COLOR OR RACE C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept 28,

9. AGE Last birthday 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm

10b. KIND OF BUSINESS OR INDUSTRY Farm owner

11. BIRTHPLACE (State or foreign country) Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel F Mosell

14. MOTHER'S MAIDEN NAME Annie V Freeland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1917

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Helen V. Sewell Prince Fred, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Found dead out in field

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE H W Ward M.D. (Degree or title) ADDRESS Dowry Md DATE SIGNED 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12-8-52

NAME OF CEMETERY OR CREMATORY Plum Point

LOCATION (City, town, or county) Calvert (State) Md

DATE REC'D BY LOCAL REG. 12-8-52

REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR P.E. Sewell Prince Fred, Md. ADDRESS

RECEIVED
DEC 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cavert MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) W. Beach
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Robinson

4. DATE OF DEATH: (Month) Dec. (Day) 15 (Year) 19 52

5. SEX: Fe.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 12/15/52

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Calvert Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm. E.Martin, Jr.

14. MOTHER'S MAIDEN NAME: Delores Robinson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: -

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) membrane and clothing prevented baby from

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) breathing. no one took aare of it for 45 mins.

DUE TO (c) Dead on Arival

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 12/15/52 and that death occurred at 6:30 pm, from the causes and on the date stated above.

SIGNATURE ********** H. Ward, M.D. (Degree or title) ADDRESS Owings, Md. DATE SIGNED 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 12/16/52 NAME OF CEMETERY OR CREMATORY farm LOCATION (City, town, or county) (State) Mt. Harmony, Md.

DATE REC'D BY LOCAL REGISTRAR 12/18/52 REGISTRAR'S SIGNATURE H.Ward

24. FUNERAL DIRECTOR ADDRESS Wm. E. Martin,Jr.

VS. A15

RECEIVED
MAY 28 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14344

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

COUNTY Calvert MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick

LENGTH OF STAY (in this place) 63 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoakley

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) T (Last) Sheckells

4. DATE OF DEATH: (Month) December (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 20 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Huntingtown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elliott Sheckells

14. MOTHER'S MAIDEN NAME: Margaret Gibson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: No

17. INFORMANT & ADDRESS: Sallie Sheckells - Stoakely, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) — Cerebral Hemorrhage. Interval Between Onset And Death

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

3314

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/1, 1952, to 12/8, 1952, that I last saw the deceased alive on 12/8, 1952, and that death occurred at 1 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Clement ADDRESS St Leonard, Md DATE SIGNED 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 10, 1952

NAME OF CEMETERY OR CREMATORY Asbury M.E. Cemetery

LOCATION (City, town, or county) Barstow, (State) Md

DATE REC'D BY LOCAL REGISTRAR 12-9-52

REGISTRAR'S SIGNATURE H. W. Hart

24. FUNERAL DIRECTOR A. A. Harkness & Son - Mutual, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14345

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George		Smothers	12	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	C		Feb 4,	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Owner.		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Geo Smothers Sr.	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	218-12-97-50	Florence Smothers Owings, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Renal Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

442X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4/1, 1948, to 12/21, 1952, that I last saw the deceased alive on 12/21, 1952, and that death occurred at 7:10 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. J. Weems MD Huntingtown Md 12/22/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	
Burial	12-24-52	Mt Hope	Sunderland	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-23-52	H. W. Ward	P.E. Sewell Sr. Lot, Md.	

RECEIVED
DEC 29 1952
BUREAU V. S.